

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90119 041 \*\*\*\*70.00

**DOCUMENT # N95000002855**

1. Entity Name

**BOOKER HIGH SCHOOL BAND BOOSTERS, INC.**

Principal Place of Business

Mailing Address

**3201 NORTH ORANGE AVE.  
SARASOTA FL 34234**

**3201 NORTH ORANGE AVE.  
SARASOTA FL 34234**

**00052360**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3342879**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMULLEN, KAREN  
8662 ALMORE AVE  
NORTH PORT FL 34287**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MCMULLEN, KAREN  
STREET ADDRESS 8662 ALMORE AVE  
CITY-ST-ZIP NORTH PORT FL 34287 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME GUIMONS, GEORGE GUIMOND  
STREET ADDRESS 3244 KINGSWOOD  
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME GUIMOND, JAN GUIMOND  
STREET ADDRESS 3429 KINGSWOOD  
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME BOS, PATTI A  
STREET ADDRESS 4228 PARRY DR  
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME LUNDQUIST, LESLIE  
STREET ADDRESS 13505 N BRANCH  
CITY-ST-ZIP SARASOTA FL 34240 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patti A. Bos*

4/30/01

371-2750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 371-2750

CR2E037 (10/00)